



**COUNTY OF SAN BERNARDINO
PRESCHOOL SERVICES DEPARTMENT
POLICY**

NO. 01 **ISSUE 1**
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EFFECTIVE: 07-01-10
Updated

SUBJECT:
Low Hemoglobin/ Hematocrit Follow Up Procedure

APPROVED: 10-19-10


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PURPOSE:

Hematocrit and hemoglobin levels obtained from children physical are used to identify iron deficiency anemia. Hematocrit is the measurement of the amount of red blood cells in the blood. Hemoglobin is the iron-containing molecule that carries oxygen in red blood cells. Low hemoglobin and low Hematocrit mean that the oxygen carrying capability of the blood is reduced. This condition is known as anemia. The consequences of anemia include reduced work capacity, impaired body temperature regulation, impairments in behavior and intellectual performance, and increased susceptibility to lead poisoning and decreased resistance to infections.

- **Anemia** is defined as hemoglobin (Hgb) value **below 11.2 g/dl** or a Hematocrit (Hct) **below 34% for children 2-5 Yrs old and Hgb value below 11.00 or Hct below 32.9% for children < 2 YRS.**
- Once a child is about **7-9 month** and then **1 year of age**, the medical provider should test and record Hgb and/or Hct values as part of the physical examination. This is consistent with the Early Periodical Screening, Diagnosis and Treatment Guidelines (EPSDT)
- Early Head Start/ Head Start children with anemia will be referred to WIC for nutritional assistance, and children with very low Hgbs/ Hcts, should receive medical intervention and be followed up by their medical provider: *See procedure below*

POLICY

All children 9 month and older should be screened for iron deficiency anemia. Hemoglobin or Hematocrit is part of the child's physical that should be updated regularly according to Periodicity Schedule (EPSDT)

REFERENCE

Head Start Performance Standards (1304.23(a) (1)

PROCEDURE

1. The Generalist shall verify completeness of Hgb or Hct values from the child's physical. **If Hgb is 10.9 g/dl or below, or Hct is 32% or below the Generalist will initiate a confidential referral to Nutritionist.**
2. The Generalist shall contact the parents/guardians and follow the procedure on the attached table. If unable to contact parents the "Anemia Cover Letter" should be mailed with the pamphlet to the parents.

3. The anemia file will be closed only when the child's Hgb and Hct are within normal values or if the parents refuse aid after three attempts or if parents receive WIC services. **(As recognized by P.S.D. that parents have the right to refuse assistance.)**

The Generalist shall contact the parents/guardians, and ask the following questions:	Hgb. 11.0-11.2 Hct 33%-34%	Hgb. <10.9 Hct. <32%
A. Has the physician told you the child is anemic?	If "no": The Generalist shall provide pamphlet "Iron for Strong Blood" If "yes": Ask what the physician has told the parent and document on SAD sheet/COPA.	If "no": The Generalist should encourage the parent to return to the physician for follow up. If "yes": Ask what follow up measures were provided by physician and document on the SAD sheet/ COPA.
B. Has the physician prescribed iron supplements?	N/A	If "no": The Generalist should encourage the parent to return to the physician. If "yes": The generalist should ask the parents how long the child will be or was on supplements. This should be documented on the SAD sheet/COPA.
C. Has the child received a follow up blood test after three months of treatment?	N/A	If "no": The Generalist will encourage the parent to have the child re-tested and will send the "Anemia Follow-Up" letter If "yes": The Generalist will ask the parent to provide a copy of the updated blood test result. Explain to parent that Head Start Performance Standard requires monitoring child's progress.
D. Are you currently receiving support from WIC?	If "no": The generalist will refer the family to WIC and provide WIC phone number Document on the SAD sheet/ COPA referral section. If "yes": No further action is necessary.	